

PTO/SB/06 (8-96)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 09/228,845 OTHER THAN AIMS AS FILED - PART I SMALL ENTITY **SMALL ENTITY** ັພ (Column 2) (Column 1) FOR UMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE & TRADE BASIC FEE \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 =OR (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = = TOTAL OR TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR **SMALL ENTITY SMALL ENTITY** (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR Total Minus x \$18 = -0-20 -0-9 (37 CFR 1.16(c)) OR Independent Minus -0-\_80\_= -0-3 3 (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE TIONAL** TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus \$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA FEE FEE** AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus OR Independent Minus (37 CFR 1.16(b)) OR (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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